

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21863

FILED JUN 20 1953

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4240 Registrar's No. 125

1. PLACE OF DEATH a. COUNTY <u>Jack son</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Grain Valley Rural</u>)	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City Kansas</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 Miles South West</u>		d. STREET ADDRESS (If rural, give location) <u>216 Parallel</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>James</u>	b. (Middle)	c. (Last) <u>Rice</u>	<u>June 7 1953</u>		

5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 6 1859</u>	9. AGE (In years last birthday) <u>94</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 60 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor Common</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Chris Rice</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth Rice</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Della Whitaker Grain Valley Mo Rfd</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH? <u>3 yrs</u> <u>10 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis Heart Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u>		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from May 25, 1952, to June 7, 1953, that I last saw the deceased alive on June 7, 1953, and that death occurred at 10 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James W. Williams M.D.</u>	23b. ADDRESS <u>Oak Grove</u>	23c. DATE SIGNED <u>6-8-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 9 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Blue Springs</u>	24d. LOCATION (City, town, or county) (State) <u>Blue Springs Mo</u>
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DATE REC'D BY LOCAL REG. <u>6-9-53</u>	REGISTRAR'S SIGNATURE <u>NB Langford</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WEBB Funeral Home Bluesprng Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

RB Webb

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....

R B Webb

Signed.....
Student Embalmer

Licensed Embalmer No. *2353*

P. O. Address *Bluesprings*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.